DR-2 Disclosure Summary Page

IOWA MEDICAL F	POLITICAL ACTION CO	MMITTEE	Statu	is:	Audited
Committee Type:	Iowa PAC		Statu	tory Due Date	7/19/2015
County:	Polk		Adjus	ted Due Date	
District:	0		Filed	Date	7/13/2015 4:42:35 PM
Committee Code:	6073		Postr	nark Date	
Political Party:	Not Available		Amer	dment Date	7/15/2016 10:08:48 AM
Report Date:	2015	Cai	didate Name:		•

Treasurer

Last Name: LARIVIERE		First Name: GENE	MI: R
Address: 515 E Locust Street Suite 400			
City: Des Moines	State: IA	Zip Code: 50309	Phone: 515-223-1401
E-Mail: dpotter@iowamedical.org		•	•

Chairperson

Last Name: Kelly	First Name:	MI:			
Address: 515 E Locust Street Suite 400					
City: Des Moines	State: IA	Zip Code:	50309	Phone: 515-2	23-1401
E-Mail: dpotter@iowamedical.org	-	-			

Statement of Cash On Hand

Cash on Hand at Start of Period	\$25,028.15
Schedule A: Cash Contributions Total	\$36,804.04
Schedule F1: Loans Received Total	\$0.00
Schedule H2: Campaign Property Sales	\$0.00
Sub-Total	\$61,832.19
Schedule B: Expenditure Total	\$0.00
Schedule F2: Cash Loan Repayments	\$0.00
Cash on Hand at End of Period	\$61,832.19

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: Unpaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F2: Forgiven Loans	\$0.00
Schedule F2: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown	No
Schedule H1: Campaign Property Value	\$0.00